

Kentucky Department of Education Teacher and Administrator Tribunal Member Application

Name	Home Phone
Street Address	Cellular or Alternate Phone
City State Zip Code	Email Address

I am applying as a potential: Teacher Tribunal Member
 Administrator Tribunal Member

Do you currently hold a valid teaching certificate issued by the Education Professional Standards Board that is in good standing?

Yes No If yes, provide the certificate number _____

Are you a retired educator who previously held a teaching certificate issued by the Education Professional Standards Board?

Yes No If yes, provide the certificate number _____

Has your teaching certificate ever been revoked or surrendered as a result of revocation proceedings?

Yes No If yes, provide the date(s) _____

Is your teaching certificate valid for the performance of administrative duties?

Yes No

Provide your employment history as a teacher or administrator:

School District	City	State	Title	Dates of Employment

Were you previously selected for the pool of potential tribunal members?

Yes No If yes, provide the dates you were included in the pool of potential tribunal members: _____

Describe why you wish to serve as a tribunal member:

Are you willing to accept assignment and travel to any Kentucky school district for a tribunal hearing?

Yes No If no, list the school districts to which you are willing to

travel: _____

By signing this application, I swear or affirm that all of the information contained herein is true and correct to the best of my knowledge. I also understand that if selected for the pool of potential teacher or administrator tribunal members, I must complete the training requirements set forth in KRS 161.790 and 701 KAR 5:090.

Signature

Date

Send completed applications to:

Kentucky Department of Education
Office of Legal Services
300 Sower Boulevard, 5th Floor
Frankfort, KY 40601